

EXHIBIT J-4



| **Saver Plan** |

Express Scripts Medicare (PDP) 2018 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID Number: 18152, Version 11

This formulary was updated on 03/15/2018. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at **1.800.758.4574**; New York State residents: **1.800.758.4570** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **express-scripts.com**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes del estado de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

This information is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

This document includes a list of the drugs (formulary) for our plan, which is current as of March 15, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Express Scripts Medicare Formulary?

A formulary is a list of covered drugs selected by Express Scripts Medicare in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Express Scripts Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we cannot ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of March 15, 2018. To get updated information about the drugs covered by Express Scripts Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Express Scripts Medicare covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don’t get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare provides two inhalers (17 grams) for a 1-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Express Scripts Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Express Scripts Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Express Scripts Medicare Formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Express Scripts Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Express Scripts Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Express Scripts Medicare.
- You can ask Express Scripts Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Express Scripts Medicare Formulary?

You can ask Express Scripts Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Express Scripts Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Express Scripts Medicare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91- to 98-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your Express Scripts Medicare prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Express Scripts Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

Express Scripts Medicare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUMET[®]) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Express Scripts Medicare has any special requirements for coverage of your drug.

B/D PA: Part B or Part D Prior Authorization. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users, call **1.800.716.3231**.

MO: Mail-Order Drug. This prescription drug is available through our home delivery pharmacy service, as well as through our retail network pharmacies. Consider using mail order for your long-term medications (the kind you take regularly, such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Your costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The "Drug Tiers" chart on the following page explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan's coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 31-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 31-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization LA: Limited Availability MO: Mail-Order Drug PA: Prior Authorization QL: Quantity Limit ST: Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	5	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
CANCIDAS	5	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	3	MO
CRESEMBA INTRAVENOUS	5	
CRESEMBA ORAL	5	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	3	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole</i>	3	MO
<i>ketoconazole oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	MO
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO
NOXAFIL ORAL	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
SPORANOX ORAL SOLUTION	5	MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	4	MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet</i>	3	MO
ANTIVIRALS		
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine</i>	5	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>amantadine hcl oral capsule</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS ORAL CAPSULE	4	MO
APTIVUS ORAL SOLUTION	4	
<i>atazanavir</i>	5	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	3	MO
<i>cidofovir</i>	4	B/D PA; MO
COMPLERA	4	MO
CRIVAN ORAL CAPSULE 200 MG, 400 MG	4	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i>	3	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	3	MO
EDURANT	4	MO
<i>efavirenz oral capsule 50 mg</i>	3	MO
EMTRIVA	3	MO
<i>entecavir</i>	3	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>famciclovir</i>	4	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
<i>ganciclovir sodium</i>	4	B/D PA; MO
GENVOYA	3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO
JULUCA	4	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet 100 mg</i>	2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	MO
<i>lopinavir-ritonavir</i>	3	MO
<i>moderiba</i>	4	MO
<i>moderiba dose pack oral tablets, dose pack 200 mg (28)-400 mg (28), 600-400 mg (28)-mg (28)</i>	4	MO
<i>moderiba dose pack oral tablets, dose pack 400-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	MO
<i>nevirapine oral suspension</i>	3	MO
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL CAPSULE	3	
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO
PREZCOBIX	4	MO

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
REBETOL ORAL SOLUTION	3	MO
RELENZA DISKHALER	3	MO
RESCRIPTOR	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
SELZENTRY ORAL SOLUTION	4	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	MO
SELZENTRY ORAL TABLET 25 MG	3	MO
<i>stavudine oral capsule</i>	4	MO
STRIBILD	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
SUSTIVA ORAL CAPSULE 200 MG	5	MO
SUSTIVA ORAL CAPSULE 50 MG	3	MO
SUSTIVA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	MO; LA
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>tenofovir disoproxil fumarate</i>	5	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TRIUMEQ	5	MO
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (124 per 31 days)
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (62 per 31 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIDEX 4 GRAM PEDIATRIC	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD	5	MO
ZEPATIER	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZERIT ORAL RECON SOLN	4	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous recon soln 10 gram</i>	4	
<i>cefazolin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>cefazolin injection recon soln 6 gram</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
SUPRAX ORAL CAPSULE	4	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
TEFLARO	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin intravenous</i>	4	MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	4	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	4	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA	5	MO
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ALINIA ORAL TABLET	5	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	MO
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	3	MO
BILTRICIDE	3	MO
CAPASTAT	4	
CAYSTON	5	MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate injection</i>	4	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	4	MO
<i>dapsone oral</i>	3	MO
<i>daptomycin</i>	5	MO
DARAPRIM	5	PA; MO
EMVERM	5	MO
<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/100 ml</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/50 ml</i>	2	MO
<i>gentamicin injection solution 40 mg/ml</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	2	MO
<i>hydroxychloroquine</i>	3	MO
<i>imipenem-cilastatin</i>	4	MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin</i>	3	MO
<i>linezolid intravenous</i>	4	
<i>linezolid oral</i>	5	MO
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	2	MO
<i>metronidazole oral</i>	2	MO
NEBUPENT	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	2	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
PENTAM	4	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	3	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	4	MO
SIRTURO	5	MO; LA
STREPTOMYCIN	3	MO
SYNERCID	5	

Drug Name	Drug Tier	Requirements /Limits
TIGECYCLINE	5	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	MO
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO
TRECTOR	3	MO
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (62 per 31 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	MO
<i>penicillin g potassium injection recon soln 20 million unit</i>	4	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	2	MO
<i>penicillin g sodium</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin v potassium</i>	2	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 4.5 gram, 40.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin</i>	4	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	MO
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 750 mg/150 ml</i>	3	MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>morgidox oral capsule 50 mg</i>	2	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO
VANCOMYCIN		
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 500 mg</i>	4	MO
<i>vancomycin oral capsule</i>	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>KEPIVANCE</i>	5	MO
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	2	MO
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin intravenous solution</i>	4	
<i>mesna</i>	4	MO
<i>MESNEX ORAL</i>	5	MO
<i>XGEVA</i>	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>ABRAXANE</i>	5	B/D PA; MO
<i>adriamycin intravenous solution 20 mg/10 ml</i>	3	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>adrucil intravenous solution 500 mg/10 ml</i>	4	B/D PA; MO
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA; MO
ALECENSA	4	PA; MO; QL (248 per 31 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	B/D PA; MO
ALIQOPA	4	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG	4	PA; MO; QL (31 per 31 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; MO; QL (186 per 31 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; MO; QL (62 per 31 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; MO; QL (31 per 31 days)
<i>anastrozole</i>	2	MO
ARRANON	3	B/D PA
AVASTIN	3	B/D PA; MO
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
<i>bexarotene</i>	5	MO
<i>bicalutamide</i>	2	MO
BICNU	4	B/D PA; MO
<i>bleomycin injection recon soln 30 unit</i>	4	B/D PA; MO
BORTEZOMIB	4	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	3	PA; MO
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (31 per 31 days)
<i>busulfan</i>	5	B/D PA
BUSULFEX	4	B/D PA
CABOMETYX	4	PA; MO; LA
CALQUENCE	4	PA; MO; LA; QL (62 per 31 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; MO; LA; QL (93 per 31 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (31 per 31 days)
<i>carboplatin intravenous solution</i>	4	B/D PA; MO
CELLCEPT INTRAVENOUS	3	B/D PA; MO
<i>cisplatin</i>	3	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	B/D PA
CLOLAR	4	B/D PA
COMETRIQ	5	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	4	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	4	B/D PA; MO
<i>dacarbazine intravenous recon soln 200 mg</i>	2	B/D PA; MO
<i>dactinomycin</i>	3	B/D PA
DARZALEX	3	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100 ML	4	B/D PA; MO
EMCYT	3	MO
EMPLICITI	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	B/D PA; MO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (31 per 31 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>exemestane</i>	3	MO
FARESTON	5	MO
FARYDAK ORAL CAPSULE 10 MG	5	PA; MO; QL (12 per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; MO; QL (6 per 21 days)
FASLODEX	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 5 gram/100 ml</i>	4	B/D PA; MO
<i>flutamide</i>	4	MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram</i>	3	B/D PA; MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
<i>gengraf oral capsule 50 mg</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	4	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG	5	PA; MO; QL (62 per 31 days)
GILOTRIF ORAL TABLET 30 MG	5	PA; MO; QL (42 per 31 days)
GILOTRIF ORAL TABLET 40 MG	5	PA; MO; QL (31 per 31 days)
GLEOSTINE	3	MO
HALAVEN	3	B/D PA; MO
HERCEPTIN	5	B/D PA; MO
HEXALEN	5	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (93 per 31 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; MO; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>idarubicin</i>	4	B/D PA
IDHIFA ORAL TABLET 100 MG	5	PA; MO; LA; QL (31 per 31 days)
IDHIFA ORAL TABLET 50 MG	5	PA; MO; LA; QL (62 per 31 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	4	B/D PA; MO
<i>imatinib oral tablet 100 mg</i>	5	PA; MO
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (62 per 31 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (124 per 31 days)
IMFINZI	4	B/D PA; MO; LA
INLYTA ORAL TABLET 1 MG	5	PA; MO
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)
IRESSA	4	PA; MO; QL (31 per 31 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	4	B/D PA; MO
ISTODAX	5	B/D PA; MO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; MO
JAKAFI ORAL TABLET 25 MG	5	PA; MO; QL (62 per 31 days)
JEVTANA	4	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
KADCYLA	5	PA; MO
KEYTRUDA	5	PA; MO
KISQALI	4	PA; MO
KISQALI FEMARA CO-PACK	4	PA; MO
KYPROLIS	5	B/D PA; MO
LARTRUVO	5	B/D PA; MO; LA
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	4	MO
LONSURF	5	PA; MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; MO
LYNPARZA	4	PA; MO
LYSODREN	3	MO
MATULANE	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	4	PA; MO
<i>megestrol oral tablet</i>	4	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (124 per 31 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (31 per 31 days)
<i>melfhalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	3	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
<i>mitomycin</i>	4	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MUSTARGEN	4	B/D PA; MO
<i>mycophenolate mofetil hcl</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg</i>	2	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 360 mg</i>	3	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	3	MO
NINLARO ORAL CAPSULE 2.3 MG	5	PA; MO; QL (6 per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; MO; QL (4 per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; MO; QL (3 per 28 days)
NIPENT	4	B/D PA; MO
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	MO
ODOMZO	5	PA; MO; LA; QL (31 per 31 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA; MO
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	4	B/D PA; MO
<i>paclitaxel</i>	4	B/D PA; MO
PERJETA	5	B/D PA; MO
POMALYST	5	MO; LA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PURIXAN	5	MO
RAPAMUNE ORAL SOLUTION	5	B/D PA; MO
REVLIMID	5	PA; MO; LA
RITUXAN	5	PA; MO
RUBRACA ORAL TABLET 200 MG	5	PA; MO; LA; QL (186 per 31 days)
RUBRACA ORAL TABLET 300 MG	5	PA; MO; LA; QL (124 per 31 days)
RYDAPT	5	PA; MO
SIGNIFOR	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg</i>	2	B/D PA; MO
<i>sirolimus oral tablet 1 mg, 2 mg</i>	3	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	3	MO
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 80 MG	5	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 140 MG	5	PA; MO; QL (31 per 31 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (62 per 31 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; MO
SUTENT ORAL CAPSULE 25 MG, 37.5 MG	5	PA; MO; QL (62 per 31 days)
SUTENT ORAL CAPSULE 50 MG	5	PA; MO; QL (31 per 31 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG	5	B/D PA; MO
SYNRIBO	4	B/D PA; MO
TABLOID	3	MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG	5	PA; MO; QL (186 per 31 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; MO; QL (124 per 31 days)
TAGRISSO ORAL TABLET 40 MG	5	PA; MO; LA; QL (62 per 31 days)
TAGRISSO ORAL TABLET 80 MG	5	PA; MO; LA; QL (31 per 31 days)
<i>tamoxifen</i>	2	MO
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TARCEVA ORAL TABLET 150 MG	5	PA; MO; QL (31 per 31 days)
TARGRETIN TOPICAL	5	MO
TASIGNA ORAL CAPSULE 150 MG	5	PA; MO
TASIGNA ORAL CAPSULE 200 MG	5	PA; MO; QL (112 per 28 days)
TECENTRIQ	5	B/D PA; MO; LA
THALOMID	5	PA; MO
<i>thiotepa</i>	5	B/D PA; MO
<i>toposar</i>	4	B/D PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA
TORISEL	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR	5	B/D PA; MO
<i>tretinoin (chemotherapy)</i>	3	MO
TRISENOX	4	B/D PA; MO
TYKERB	5	PA; MO; LA; QL (186 per 31 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA	4	PA; MO; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	4	PA; MO; LA; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG	4	PA; MO; LA; QL (124 per 31 days)
VERZENIO ORAL TABLET 150 MG	4	PA; MO; LA; QL (83 per 31 days)
VERZENIO ORAL TABLET 200 MG	4	PA; MO; LA; QL (62 per 31 days)
VERZENIO ORAL TABLET 50 MG	4	PA; MO; LA; QL (248 per 31 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	2	B/D PA
<i>vincristine intravenous solution 1 mg/ml</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	3	B/D PA; MO
VOTRIENT	5	PA; MO; QL (124 per 31 days)
VYXEOS	5	B/D PA; MO
XALKORI ORAL CAPSULE 200 MG	5	PA; MO
XALKORI ORAL CAPSULE 250 MG	5	PA; MO; QL (62 per 31 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
XTANDI	4	PA; MO; QL (124 per 31 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	3	B/D PA; MO
YONDELIS	5	B/D PA; MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	4	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (93 per 31 days)
ZELBORAF	4	PA; MO; QL (248 per 31 days)
ZOLINZA	5	MO
ZORTRESS	5	B/D PA; MO
ZYDELIG	4	PA; MO; QL (93 per 31 days)
ZYKADIA	5	PA; MO; QL (155 per 31 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (124 per 31 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 600 MG	5	MO
BANZEL ORAL SUSPENSION	5	MO
BANZEL ORAL TABLET 200 MG	3	MO
BANZEL ORAL TABLET 400 MG	5	MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	4	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clonazepam oral tablet</i>	2	PA; MO
<i>clonazepam oral tablet, disintegrating</i>	3	PA; MO
DEPAKOTE ER	4	MO
DIASTAT	4	MO
DIASTAT ACUDIAL	4	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
<i>epitol</i>	2	MO
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	MO
FYCOMPA ORAL TABLET	4	MO
<i>gabapentin oral capsule 100 mg</i>	1	MO; QL (1116 per 31 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (372 per 31 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (279 per 31 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2232 per 31 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (186 per 31 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (140 per 31 days)
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL STARTER (ORANGE) KIT	3	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml</i>	3	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	MO
<i>levetiracetam intravenous</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral tablet</i>	2	MO
LYRICA ORAL CAPSULE 100 MG	4	MO; QL (186 per 31 days)
LYRICA ORAL CAPSULE 150 MG	4	MO; QL (124 per 31 days)
LYRICA ORAL CAPSULE 200 MG	4	MO; QL (93 per 31 days)
LYRICA ORAL CAPSULE 225 MG	4	MO; QL (84 per 31 days)
LYRICA ORAL CAPSULE 25 MG	4	MO; QL (744 per 31 days)
LYRICA ORAL CAPSULE 300 MG	4	MO; QL (62 per 31 days)
LYRICA ORAL CAPSULE 50 MG	4	MO; QL (372 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 75 MG	4	MO; QL (248 per 31 days)
LYRICA ORAL SOLUTION	4	MO; QL (930 per 31 days)
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG	3	PA; MO
ONFI ORAL TABLET 20 MG	5	PA; MO
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
PEGANONE	4	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet</i>	2	PA; MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	MO
<i>primidone</i>	2	MO
<i>roweepra</i>	3	MO
SABRIL	5	MO; LA
SPRITAM	4	MO
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	3	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>vigabatrin</i>	3	MO; LA
VIMPAT INTRAVENOUS	4	
VIMPAT ORAL SOLUTION	4	MO
VIMPAT ORAL TABLET	4	MO
<i>zonisamide</i>	3	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	MO; LA
<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	3	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
STALEVO 100	4	MO
STALEVO 150	4	MO
STALEVO 200	4	MO
STALEVO 50	4	MO
ZELAPAR	4	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	2	MO
<i>ergotamine-caffeine</i>	3	MO
<i>migergot</i>	4	MO
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	5	PA; MO; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	4	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	3	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
RADICAVA	5	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	4	MO
TECFIDERA	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine</i>	5	PA; MO
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
MESTINON ORAL SYRUP	5	MO
<i>pyridostigmine bromide</i>	3	MO
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4650 per 31 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (372 per 31 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (186 per 31 days)
<i>buprenorphine hcl injection solution</i>	4	MO; QL (275 per 31 days)
<i>buprenorphine hcl injection syringe</i>	4	QL (275 per 31 days)
<i>buprenorphine hcl sublingual</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR	4	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	4	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	4	MO; QL (186 per 31 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	4	MO; QL (4000 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	4	QL (2000 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (372 per 31 days)
<i>fentanyl citrate</i>	3	PA; MO; QL (124 per 31 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5735 per 31 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	MO; QL (372 per 31 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (52 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf)</i>	4	MO; QL (248 per 31 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (1240 per 31 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2480 per 31 days)
<i>hydromorphone oral tablet</i>	4	MO; QL (186 per 31 days)
<i>methadone injection solution</i>	4	QL (155 per 31 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (620 per 31 days)
<i>methadone oral solution 5 mg/5 ml</i>	4	PA; MO; QL (1240 per 31 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (124 per 31 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (248 per 31 days)
<i>morphine concentrate oral solution</i>	4	MO; QL (930 per 31 days)
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1034 per 31 days)
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (517 per 31 days)
<i>morphine oral solution</i>	4	MO; QL (930 per 31 days)
<i>morphine oral tablet</i>	2	MO; QL (186 per 31 days)
<i>morphine oral tablet extended release 100 mg</i>	3	PA; MO; QL (62 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	3	PA; MO; QL (124 per 31 days)
<i>oxycodone oral capsule</i>	4	MO; QL (372 per 31 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (186 per 31 days)
<i>oxycodone oral solution</i>	4	MO; QL (1240 per 31 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	MO; QL (186 per 31 days)
<i>oxycodone oral tablet 5 mg</i>	4	MO; QL (372 per 31 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (372 per 31 days)
<i>oxycodone-aspirin</i>	4	MO; QL (372 per 31 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (93 per 31 days)
NON-NARCOTIC ANALGESICS		
<i>butorphanol tartrate nasal</i>	2	MO; QL (10 per 28 days)
<i>celecoxib</i>	3	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diflunisal</i>	4	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>ibuprofen oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (31 per 31 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 1 mg/ml</i>	2	MO
<i>naltrexone</i>	4	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	MO; QL (2 per 28 days)
<i>oxaprozin</i>	4	MO
<i>profeno</i>	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (62 per 31 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (372 per 31 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (93 per 31 days)
<i>sulindac</i>	1	MO
<i>tramadol oral tablet</i>	2	MO; QL (248 per 31 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
<i>amitriptyline</i>	2	PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	PA; MO
<i>aripiprazole oral tablet 10 mg</i>	3	PA; MO; QL (93 per 31 days)
<i>aripiprazole oral tablet 15 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 2 mg</i>	3	PA; MO; QL (465 per 31 days)
<i>aripiprazole oral tablet 20 mg</i>	5	PA; MO; QL (62 per 31 days)
<i>aripiprazole oral tablet 30 mg</i>	5	PA; MO; QL (31 per 31 days)
<i>aripiprazole oral tablet 5 mg</i>	3	PA; MO; QL (186 per 31 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	3	PA; MO; QL (93 per 31 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>atomoxetine</i>	3	MO
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg</i>	3	MO; QL (124 per 31 days)
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	3	MO; QL (93 per 31 days)
<i>bupropion hcl oral tablet extended release 12 hr 200 mg</i>	3	MO; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (93 per 31 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (62 per 31 days)
<i>buspirone</i>	2	MO
<i>chlorpromazine</i>	4	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>citalopram oral tablet 20 mg</i>	1	MO; QL (62 per 31 days)
<i>citalopram oral tablet 40 mg</i>	1	MO; QL (31 per 31 days)
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium</i>	4	PA; MO
<i>clozapine oral tablet</i>	3	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	MO; QL (124 per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	3	MO; QL (496 per 31 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	3	MO; QL (248 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	3	MO
<i>diazepam intensol</i>	2	PA; MO
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO
<i>diazepam oral tablet</i>	2	PA; MO
<i>doxepin oral</i>	4	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	3	MO; QL (186 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	3	MO; QL (124 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (93 per 31 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	3	MO; QL (62 per 31 days)
EMSAM	4	MO
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (62 per 31 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (31 per 31 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (124 per 31 days)
FANAPT ORAL TABLET 1 MG	4	PA; MO; QL (744 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 10 MG, 8 MG	4	PA; MO; QL (93 per 31 days)
FANAPT ORAL TABLET 12 MG	4	PA; MO; QL (62 per 31 days)
FANAPT ORAL TABLET 2 MG	4	PA; MO; QL (372 per 31 days)
FANAPT ORAL TABLET 4 MG	4	PA; MO; QL (186 per 31 days)
FANAPT ORAL TABLET 6 MG	4	PA; MO; QL (124 per 31 days)
FANAPT ORAL TABLETS, DOSE PACK	4	PA; MO; QL (8 per 28 days)
FAZACLO ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	4	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG	4	ST; MO; QL (31 per 31 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG	4	ST; MO; QL (186 per 31 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 40 MG	4	ST; MO; QL (93 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 80 MG	4	ST; MO; QL (47 per 31 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (248 per 31 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (62 per 31 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (248 per 31 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	4	MO; QL (93 per 31 days)
<i>fluvoxamine oral tablet 25 mg</i>	4	MO; QL (372 per 31 days)
<i>fluvoxamine oral tablet 50 mg</i>	4	MO; QL (186 per 31 days)
GEODON INTRAMUSCULAR	4	MO
<i>guanfacine oral tablet extended release 24 hr</i>	3	MO
<i>haloperidol</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (31 per 31 days)
<i>imipramine hcl</i>	4	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG	5	PA; MO; QL (31 per 31 days)
LATUDA ORAL TABLET 20 MG	5	PA; MO; QL (248 per 31 days)
LATUDA ORAL TABLET 40 MG	5	PA; MO; QL (124 per 31 days)
LATUDA ORAL TABLET 60 MG, 80 MG	5	PA; MO; QL (62 per 31 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral concentrate</i>	3	PA; MO
<i>lorazepam oral tablet</i>	2	PA; MO
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO
MARPLAN	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i>	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg, 60 mg</i>	3	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>mirtazapine</i>	2	MO
<i>modafinil</i>	3	PA; MO
<i>nefazodone</i>	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	4	MO
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet 10 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	PA; MO; QL (31 per 31 days)
<i>olanzapine oral tablet 2.5 mg</i>	3	PA; MO; QL (248 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet 5 mg</i>	3	PA; MO; QL (124 per 31 days)
<i>olanzapine oral tablet 7.5 mg</i>	3	PA; MO; QL (83 per 31 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	4	PA; MO; QL (62 per 31 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg</i>	4	PA; MO; QL (31 per 31 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	4	PA; MO; QL (124 per 31 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	3	PA; MO; QL (248 per 31 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	3	PA; MO; QL (124 per 31 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	PA; MO; QL (62 per 31 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	3	PA; MO; QL (42 per 31 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	MO; QL (186 per 31 days)
<i>paroxetine hcl oral tablet 20 mg</i>	1	MO; QL (93 per 31 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (62 per 31 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	MO; QL (47 per 31 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	4	MO
<i>phenelzine</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg</i>	2	PA; MO; QL (248 per 31 days)
<i>quetiapine oral tablet 200 mg</i>	2	PA; MO; QL (124 per 31 days)
<i>quetiapine oral tablet 25 mg</i>	2	PA; MO; QL (932 per 31 days)
<i>quetiapine oral tablet 300 mg</i>	2	PA; MO; QL (83 per 31 days)
<i>quetiapine oral tablet 400 mg</i>	2	PA; MO; QL (62 per 31 days)
<i>quetiapine oral tablet 50 mg</i>	2	PA; MO; QL (496 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	4	PA; MO; QL (166 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	4	PA; MO; QL (124 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	4	PA; MO; QL (83 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	4	PA; MO; QL (62 per 31 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	4	PA; MO; QL (496 per 31 days)
REXULTI ORAL TABLET 0.25 MG	4	PA; MO; QL (496 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET 0.5 MG	4	PA; MO; QL (248 per 31 days)
REXULTI ORAL TABLET 1 MG	4	PA; MO; QL (124 per 31 days)
REXULTI ORAL TABLET 2 MG	4	PA; MO; QL (62 per 31 days)
REXULTI ORAL TABLET 3 MG	4	PA; MO; QL (42 per 31 days)
REXULTI ORAL TABLET 4 MG	4	PA; MO; QL (31 per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	4	MO; QL (496 per 31 days)
<i>risperidone oral tablet 0.25 mg</i>	2	PA; MO; QL (1984 per 31 days)
<i>risperidone oral tablet 0.5 mg</i>	2	PA; MO; QL (992 per 31 days)
<i>risperidone oral tablet 1 mg</i>	2	PA; MO; QL (496 per 31 days)
<i>risperidone oral tablet 2 mg</i>	2	PA; MO; QL (248 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 3 mg</i>	2	PA; MO; QL (166 per 31 days)
<i>risperidone oral tablet 4 mg</i>	2	PA; MO; QL (124 per 31 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	4	PA; MO; QL (1984 per 31 days)
<i>risperidone oral tablet,disintegrating 0.5 mg</i>	4	PA; MO; QL (992 per 31 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	4	PA; MO; QL (496 per 31 days)
<i>risperidone oral tablet,disintegrating 2 mg</i>	4	PA; MO; QL (248 per 31 days)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	PA; MO; QL (166 per 31 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	PA; MO; QL (124 per 31 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	3	MO
ROZEREM	3	MO; QL (31 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG	5	PA; MO; QL (62 per 31 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 2.5 MG	5	PA; MO; QL (248 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 5 MG	5	PA; MO; QL (124 per 31 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg</i>	1	MO; QL (62 per 31 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (248 per 31 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; QL (124 per 31 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	PA; MO
TRINTELLIX ORAL TABLET 10 MG	4	MO; QL (62 per 31 days)
TRINTELLIX ORAL TABLET 20 MG	4	MO; QL (31 per 31 days)
TRINTELLIX ORAL TABLET 5 MG	4	MO; QL (124 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	2	MO; QL (62 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (93 per 31 days)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	2	MO; QL (93 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet 25 mg</i>	2	MO; QL (279 per 31 days)
<i>venlafaxine oral tablet 37.5 mg</i>	2	MO; QL (186 per 31 days)
<i>venlafaxine oral tablet 50 mg</i>	2	MO; QL (155 per 31 days)
VERSACLOZ	5	
VIIIBRYD ORAL TABLET 10 MG	3	MO; QL (124 per 31 days)
VIIIBRYD ORAL TABLET 20 MG	3	MO; QL (62 per 31 days)
VIIIBRYD ORAL TABLET 40 MG	3	MO; QL (31 per 31 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	PA; MO; QL (124 per 31 days)
VRAYLAR ORAL CAPSULE 3 MG	5	PA; MO; QL (62 per 31 days)
VRAYLAR ORAL CAPSULE 4.5 MG	5	PA; MO; QL (42 per 31 days)
VRAYLAR ORAL CAPSULE 6 MG	5	PA; MO; QL (31 per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	PA; MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA
<i>ziprasidone hcl oral capsule 20 mg</i>	4	PA; MO; QL (248 per 31 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	PA; MO; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl oral capsule 60 mg</i>	4	PA; MO; QL (83 per 31 days)
<i>ziprasidone hcl oral capsule 80 mg</i>	4	PA; MO; QL (62 per 31 days)
<i>zolpidem oral tablet</i>	2	ST; MO; QL (31 per 31 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	2	MO
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine gluconate oral</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	MO
<i>sotalol oral tablet 160 mg, 80 mg</i>	2	MO
<i>sotalol oral tablet 240 mg</i>	4	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	4	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	4	MO
<i>candesartan</i>	3	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
DEMSEER	4	MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (31 per 31 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (62 per 31 days)
<i>enalapril maleate</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	4	MO
<i>ethacrynic acid</i>	4	MO
<i>felodipine</i>	4	MO
<i>furosemide injection</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	2	MO
<i>losartan-hydrochlorothiazide</i>	2	MO
<i>methyclothiazide</i>	4	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol ta-hydrochlorothiaz</i>	4	MO
<i>metoprolol tartrate intravenous solution</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	3	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
PROCARDIA XL	4	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
REMODULIN	5	PA; MO; LA
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (31 per 31 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (62 per 31 days)
<i>timolol maleate oral</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI	5	PA; MO; LA
<i>valsartan</i>	4	MO
<i>valsartan-hydrochlorothiazide</i>	4	MO
<i>verapamil intravenous solution</i>	2	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
CARDIAC GLYCOSIDES		
<i>digitek</i>	3	MO
<i>digoxin oral solution 50 mcg/ml</i>	2	MO
<i>digoxin oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	3	MO
COAGULATION THERAPY		
AGGRENOX	4	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>clopidogrel oral tablet 75 mg</i>	2	MO
<i>dipyridamole oral</i>	4	MO
EFFIENT	4	MO
ELIQUIS	3	MO
<i>enoxaparin</i>	4	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) injection solution</i>	4	MO
<i>jantoven</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>tranexamic acid intravenous</i>	4	MO
<i>warfarin</i>	1	MO
XARELTO	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO; QL (31 per 31 days)
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe-simvastatin</i>	3	MO; QL (31 per 31 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate nanocrystallized</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	MO
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (31 per 31 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (62 per 31 days)
<i>gemfibrozil</i>	2	MO
LOVAZA	4	ST; MO
<i>niacin oral tablet extended release 24 hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML	5	PA; MO; QL (4 per 28 days)
<i>pravastatin</i>	2	MO; QL (31 per 31 days)
<i>prevalite oral powder in packet</i>	3	MO
REPATHA	5	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	5	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	5	PA; MO; QL (3 per 28 days)
<i>rosuvastatin</i>	3	MO; QL (31 per 31 days)
<i>simvastatin</i>	1	MO; QL (31 per 31 days)
VASCEPA	3	MO
VYTORIN 10-10	4	MO; QL (31 per 31 days)
VYTORIN 10-20	4	MO; QL (31 per 31 days)
VYTORIN 10-40	4	MO; QL (31 per 31 days)
VYTORIN 10-80	4	MO; QL (31 per 31 days)
WELCHOL	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	3	PA; MO
ENTRESTO	3	MO; QL (62 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
RANEXA	4	MO
NITRATES		
ISORDIL	4	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	MO
<i>isosorbide dinitrate oral tablet extended release</i>	4	MO
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	5	MO
<i>calcipotriene scalp</i>	3	MO
<i>calcipotriene topical cream</i>	4	MO
<i>selenium sulfide topical lotion</i>	2	MO
BURN THERAPY		
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
DUPIXENT	5	PA; MO
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>imiquimod</i>	3	MO
<i>methoxsalen</i>	5	MO
PANRETIN	4	MO
<i>podofilox</i>	4	MO
REGRANEX	5	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
VALCHLOR	5	MO
THERAPY FOR ACNE		
<i>adapalene-benzoyl peroxide</i>	3	PA; MO
<i>claravis</i>	4	MO
<i>clindamycin phosphate topical gel</i>	4	MO
<i>clindamycin phosphate topical lotion</i>	4	MO
<i>clindamycin phosphate topical solution</i>	2	MO
<i>clindamycin phosphate topical swab</i>	2	MO
<i>clindamycin-benzoyl peroxide topical gel</i>	4	MO
<i>dapsone topical</i>	3	MO
<i>ery pads</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>erygel</i>	2	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>metronidazole topical gel 1 %</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>tazarotene</i>	3	PA; MO
TAZORAC	3	PA; MO
<i>tretinoin topical</i>	3	PA; MO
TOPICAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)</i>	4	MO
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	4	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated</i>	2	PA; MO
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mupirocin</i>	2	MO
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO
<i>ciclopirox topical gel</i>	4	MO
<i>ciclopirox topical shampoo</i>	4	MO
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	4	MO
<i>clotrimazole topical</i>	2	MO
<i>clotrimazole-betamethasone</i>	4	MO
<i>econazole</i>	4	MO
<i>ketoconazole topical cream</i>	2	MO
<i>ketoconazole topical shampoo</i>	2	MO
<i>naftifine</i>	3	MO
<i>nyamyc</i>	4	MO
<i>nystatin topical</i>	2	MO
<i>nystatin-triamcinolone</i>	4	MO
<i>nystop</i>	4	MO
TOPICAL ANTIVIRALS		

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir topical</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical cream</i>	4	MO
<i>amcinonide topical lotion</i>	4	MO
<i>amcinonide topical ointment</i>	4	
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>diflorasone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	MO; QL (120 per 30 days)
<i>fluticasone topical cream</i>	2	MO
<i>fluticasone topical ointment</i>	2	MO
<i>halobetasol propionate</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
TOPICAL ENZYMES		
SANTYL	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	MO
ADAGEN	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 40 mg</i>	2	MO; QL (31 per 31 days)
<i>anagrelide oral capsule 0.5 mg</i>	2	MO
<i>anagrelide oral capsule 1 mg</i>	3	MO
CARBAGLU	5	MO; LA
CHEMET	3	PA; MO
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	MO
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>intravenous piggyback</i>		
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>dextrose 5%-0.3 % sod.chloride</i>	3	
<i>dextrose with sodium chloride</i>	3	
<i>disulfiram</i>	4	MO
EXJADE	5	PA; MO; LA
FERRIPROX ORAL TABLET	5	PA; MO
INCRELEX	5	MO; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>kionex (with sorbitol)</i>	4	MO
<i>lanthanum</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg</i>	2	MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	LA
ORFADIN ORAL SUSPENSION	5	MO; LA
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
RAVICTI	5	MO
RENVELA ORAL TABLET	5	MO
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) oral</i>	3	MO
SYPRINE	4	PA; MO; QL (248 per 31 days)
VELTASSA	3	MO
<i>zoledronic acid-mannitol-water</i>	3	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	4	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>periogard</i>	2	MO
<i>triamcinolone acetonide dental</i>	4	MO

MISCELLANEOUS OTIC PREPARATIONS

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>acetic acid otic (ear)</i>	3	MO
<i>floxin otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	4	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	1	MO
SOLU-CORTEF (PF) INJECTION RECON SOLN 250 MG/2 ML	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (93 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (372 per 31 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (186 per 31 days)
<i>alcohol pads</i>	2	MO
BYDUREON	3	MO; QL (4 per 28 days)
BYDUREON BCISE	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (186 per 31 days)
GAUZE PADS 2 X 2	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (248 per 31 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (124 per 31 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (62 per 31 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (124 per 31 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (248 per 31 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	MO; QL (62 per 31 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (248 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (124 per 31 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	4	MO
HUMULIN R U-500 (CONC) KWIPEN	4	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
JANUMET	3	MO; QL (62 per 31 days)
JANUVIA	3	MO; QL (31 per 31 days)
JARDIANCE	3	MO; QL (31 per 31 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LEVEMIR FLEXTOUCH U-100 INSULN	4	ST; MO
LEVEMIR U-100 INSULIN	4	ST; MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (78 per 31 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (155 per 31 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (93 per 31 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	2	MO; QL (124 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	MO; QL (78 per 31 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	MO; QL (155 per 31 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	2	MO; QL (124 per 31 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 30	3	MO
NOVOFINE 32	3	MO
NOVOFINE AUTOCOVER	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
ONGLYZA	4	MO; QL (31 per 31 days)
<i>pioglitazone</i>	3	MO; QL (31 per 31 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (992 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (496 per 31 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (248 per 31 days)
RIOMET	3	MO; QL (791 per 31 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
VGO 20	3	MO
VGO 30	3	MO
VGO 40	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	MO
ANADROL-50	4	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO
ANDROID	4	MO
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule 0.25 mcg</i>	2	MO
<i>calcitriol oral capsule 0.5 mcg</i>	3	MO
<i>calcitriol oral solution</i>	3	MO
CERDELGA	5	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	MO
CHORIONIC GONADOTROPIN, HUMAN	3	PA; MO
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	3	MO
<i>desmopressin nasal solution</i>	3	
<i>desmopressin nasal spray, non-aerosol</i>	3	MO
<i>desmopressin oral</i>	3	MO
ELAPRASE	5	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	MO
KANUMA	5	MO
KORLYM	5	MO
KUVAN	5	MO
LUMIZYME	4	MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	MO; LA
NATPARA	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
<i>paricalcitol intravenous</i>	4	
<i>paricalcitol oral</i>	4	MO
SAMSCA	5	PA; MO
SENSIPAR	4	MO
SOMAVERT	5	MO
STIMATE	3	MO
STRENSIQ	4	MO; LA
SYNAREL	4	MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	4	MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PA; MO
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO
THYROID HORMONES		
<i>levothyroxine oral</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>liothyronine oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection syringe 0.05 mg/ml</i>	4	
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO
<i>glycopyrrolate oral tablet 2 mg</i>	4	MO
<i>loperamide oral capsule</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	5	MO
ALOXI	4	MO
AMITIZA	3	MO
<i>aprepitant</i>	3	B/D PA; MO
APRISO	3	MO
<i>balsalazide</i>	4	MO
<i>budesonide oral</i>	5	MO
CANASA	4	MO
CHENODAL	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (124 per 31 days)
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	4	MO
<i>dronabinol oral capsule 10 mg</i>	5	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
EMEND (FOSAPREPITANT)	3	MO
EMEND ORAL CAPSULE	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>hydrocortisone rectal</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LIALDA	3	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine rectal</i>	3	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
OICALIVA	5	PA; MO; LA; QL (31 per 31 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	3	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte</i>	3	
PENTASA	4	MO
<i>polyethylene glycol 3350 oral powder</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	3	MO
SUCRAID	5	MO
<i>sulfasalazine</i>	2	MO
TRANSDERM-SCOP	4	MO
<i>trilyte with flavor packets</i>	2	MO
UCERIS ORAL	5	MO
<i>ursodiol oral capsule</i>	2	MO
<i>ursodiol oral tablet</i>	3	MO
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	MO

Drug Name	Drug Tier	Requirements /Limits
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	5	MO
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (31 per 31 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>misoprostol</i>	2	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (31 per 31 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	MO; QL (31 per 31 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	MO
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	4	MO
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup</i>	3	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN	5	PA; MO
INTRON A INJECTION RECON SOLN	5	B/D PA; MO
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	B/D PA; MO
MOZOBIL	5	MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	MO; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	4	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
SYLATRON	5	MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
GAMASTAN S/D	3	MO
GARDASIL 9 (PF)	4	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF)	3	MO
IMOGAM RABIES-HT (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	4	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO
IPOL	3	MO
IXIARO (PF)	4	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TETANUS-DIPHTHERIA TOXOIDS-TD	3	MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	5	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	4	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
COLCRYS	3	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
ULORIC	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 5 mg</i>	2	MO; QL (31 per 31 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	MO; QL (4 per 28 days)
FORTEO	4	PA; MO; QL (2.4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 31 days)
PROLIA	4	PA; MO
<i>raloxifene</i>	3	MO
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
BENLYSTA	5	MO
DEPEN TITRATABS	3	MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSORIASIS- UVEITIS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (31 per 31 days)
ORENCIA	5	PA; MO
ORENCIA CLICKJECT	5	PA; MO

OBSTETRICS / GYNECOLOGY**ESTROGENS / PROGESTINS**

Drug Name	Drug Tier	Requirements /Limits
<i>amabelz</i>	3	PA; MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol- norethindrone acet</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>jinteli</i>	3	MO
MAKENA INTRAMUSCULA R OIL 250 MG/ML (1 ML)	5	MO
<i>medroxyprogesteron e intramuscular</i>	3	MO
<i>medroxyprogesteron e oral</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	MO
<i>norethindrone acetate</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
PREMARIN ORAL	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
PREMPHASE	3	PA; MO
PREMPRO	3	MO
yuvaferm	3	MO
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	2	MO
metronidazole vaginal	2	MO
terconazole vaginal cream	2	MO
terconazole vaginal suppository	4	MO
tranexamic acid oral	4	MO
vandazole	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
alyacen 1/35 (28)	4	MO
amethia lo	4	MO
aubra	4	MO
bekyree (28)	4	MO
blisovi 24 fe	4	MO
blisovi fe 1.5/30 (28)	4	MO
blisovi fe 1/20 (28)	4	MO
camrese lo	4	MO
caziant (28)	4	MO
delyla (28)	4	
drospirenone-e.estradiol-lm.fa	4	MO
drospirenone-ethinyl estradiol	4	MO
emoquette	4	MO
ethynodiol diac-eth estradiol	4	
fayosim	4	MO

Drug Name	Drug Tier	Requirements /Limits
femynor	4	MO
gildagia	4	MO
isibloom	4	MO
juleber	4	MO
junel 1.5/30 (21)	4	MO
junel 1/20 (21)	4	MO
junel fe 1.5/30 (28)	4	MO
junel fe 1/20 (28)	4	MO
junel fe 24	4	MO
kaitlib fe	4	MO
kimidess (28)	4	MO
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	4	
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	MO
larissia	4	MO
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg	4	MO
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	4	MO
levonorg-eth estradiol triphasic	4	MO
low-ogestrel (28)	4	MO
mibelas 24 fe	4	MO
microgestin 1.5/30 (21)	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>noreth-ethinyl estradiol-iron</i>	4	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	4	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	4	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol</i>	4	MO
<i>ocella</i>	4	MO
<i>ogestrel (28)</i>	4	MO
<i>previfem</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>tri-lo-sprintec</i>	4	MO
<i>trinessa (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>vienva</i>	4	MO
<i>zarah</i>	4	MO
<i>zovia 1/50e (28)</i>	4	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO
<i>levofloxacin ophthalmic (eye)</i>	4	MO
<i>moxifloxacin ophthalmic (eye)</i>	3	MO
NATACYN	3	MO
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin</i>	1	MO
VIGAMOX	4	MO
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	4	MO
BETIMOL	4	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>metipranolol</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	MO
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	MO
<i>epinastine</i>	4	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		

Drug Name	Drug Tier	Requirements /Limits
<i>acetazolamide oral capsule, extended release</i>	3	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
COMBIGAN	3	MO
COSOPT	4	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	4	MO
<i>latanoprost</i>	2	MO
SIMBRINZA	4	MO
TRAVATAN Z	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	4	MO
<i>tobramycin-dexamethasone</i>	3	MO
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
DUREZOL	4	MO
<i>fluorometholone</i>	4	MO
FML FORTE	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	3	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
EPINEPHRINE INJECTION AUTO-INJECTOR	3	MO
EPIPEN	3	MO
EPIPEN 2-PAK	3	MO
EPIPEN JR	3	MO

Drug Name	Drug Tier	Requirements /Limits
EPIPEN JR 2-PAK	3	MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (31 per 31 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADCIRCA	5	PA; MO; QL (62 per 31 days)
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	4	MO; QL (60 per 30 days)
ADVAIR HFA	4	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (279 per 31 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (279 per 31 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (93 per 31 days)
FIRAZYR	5	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	MO; QL (50 per 30 days)
<i>fluticasone nasal</i>	2	MO; QL (16 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (62 per 31 days)
LETAIRIS	5	PA; MO; LA
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
NUCALA	5	PA; MO; LA; QL (1 per 28 days)
OFEV	4	PA; MO; QL (62 per 31 days)
ORKAMBI	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PROAIR HFA	3	MO; QL (17 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
PROAIR RESPICLICK	3	MO; QL (2 per 30 days)
PULMOZYME	5	B/D PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary hypertension) oral</i>	2	PA; MO; QL (93 per 31 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
<i>terbutaline oral</i>	2	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET	4	PA; MO
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA
<i>triamcinolone acetonide nasal</i>	3	MO; QL (34 per 30 days)
TUDORZA PRESSAIR	3	MO; QL (1 per 30 days)
XOLAIR	5	PA; MO; LA; QL (6 per 28 days)
<i>zafirlukast</i>	2	MO

UROLOGICALS

Drug Name	Drug Tier	Requirements /Limits
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin</i>	4	MO
DETROL LA	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	4	MO
TOVIAZ	4	MO
VESICARE	4	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	3	MO
<i>dutasteride</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin</i>	2	MO
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	2	MO
MISCELLANEOUS UROLOGICALS		
CYSTAGON	3	MO; LA
ELMIRON	3	MO
<i>potassium citrate</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate oral capsule</i>	3	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con sprinkle</i>	3	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R IN 5 % DEXTROSE	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml</i>	3	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous</i>	3	MO
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	2	MO
<i>potassium chloride-0.45 % nacl</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page vi.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	2	
<i>ringer's intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 %</i>	4	MO
<i>sodium chloride 5 %</i>	4	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7 % WITH ELECTROLYTES	3	B/D PA
AMINOSYN 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN II 10 %	3	B/D PA
AMINOSYN II 15 %	3	B/D PA
AMINOSYN II 8.5 %	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II 8.5 %-ELECTROLYTES	3	B/D PA
AMINOSYN-HBC 7%	3	B/D PA
AMINOSYN-PF 10 %	3	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	B/D PA
AMINOSYN-RF 5.2 %	3	B/D PA
FREAMINE HBC 6.9 %	3	B/D PA
HEPATAMINE 8%	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
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<i>plenamine</i>	3	B/D PA
<i>premasol 10 %</i>	2	B/D PA; MO
PREMASOL 6 %	3	B/D PA
<i>travasol 10 %</i>	4	B/D PA; MO
TROPHAMINE 10 %	3	B/D PA; MO
TROPHAMINE 6%	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	1	MO

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